



**Minutes of the State Board of Health
Wednesday, October 13, 2010**

Department of Health Town Center 2, 101 Israel Rd SE, Tumwater, WA, 98501

SBOH members present:

Keith Higman, MPH, Chair
The Honorable John Austin, PhD
Maria Hernandez-Peck, PhD
Frankie T. Manning, MN, RN
Patricia Ortiz, MD (*by videoconference*)

Mel Tonasket
Karen VanDusen
Bill White
The Honorable Donna Wright (*by videoconference*)
Diana T. Yu, MD, MSPH

State Board of Health Staff present:

Craig McLaughlin, Executive Director
Desiree Robinson, Executive Assistant
Heather Boe, Communications Consultant

Ned Therien, Health Policy Analyst
Tara Wolff, Health Policy Analyst
Melissa Burke-Cain, Assistant Attorney General

Guests and Other Participants:

Audrey Adams, WA Action for Safe Water
Tracey Andrews, Department of Health
Janna Bardi, Department of Health
Steve Boruchowitz, Department of Health
Deborah Carlson, Department of Health
Michelle Davis, Department of Health
Sue Grinnell, Department of Health
Julia Hokanson, WDS Foundation

Scott Kennedy, Olympic Medical Center
Pamela Lovinger, Department of Health
Anthony Marfin, Department of Health
Bill Osmunson, Washington Action for Safe Water
Tracy Sandifer, Department of Health
Tami Thompson, Department of Health
Jeff Wise, Department of Health

Keith Higman, SBOH Chair, called the public meeting to order at 1:02 p.m. and read from a prepared statement (on file).

1. APPROVAL OF AGENDA

Motion: Approve October 13, 2010 agenda

Motion/Second: Manning/ Austin. Approved unanimously

2. ADOPTION OF MONTH DAY, YEAR MEETING MINUTES

Motion: Approve the June 9, 2010 minutes

Motion/Second: Austin/Manning. Approved unanimously with change on page 7; the last two sentences in the second paragraph from bottom are deleted.

3. SBOH ANNOUNCEMENTS AND OTHER BOARD BUSINESS

Craig McLaughlin, SBOH Executive Director, gave announcements. He mentioned the Governor's office had not announced new appointments to the Board or the Governor's Interagency Council on Health Disparities. He mentioned that Gregg Grunenfelder would fill Bill White's position as Deputy Secretary of the Department of Health.

Mr. McLaughlin described four petitions for rule making about water fluoridation and mentioned a fifth received very recently. They were all submitted by Dr. Bill Osmunson of Washington Action for Safe Water. He said the Board's Environmental Health Committee developed recommendations on the first three petitions and the Chair was prepared to send response letters, and added that responses to the other two can wait until after the November 10 Board meeting. He said he had received no request from any Board member for consideration of the first three petitions at this full Board meeting. The petitions and the Chair's intended responses are as follows:

- Identical to one declined in June: June decision has been appealed to Governor but not within 30 days. The Chair's decision is to not reconsider the petition declined in June.
- Concerning allowable concentrations of added fluoride: The Chair's decision is to decline on grounds that concentration levels in the rule are consistent with national recommendations the Board looks to for guidance.
- Concerning consumer notification regarding lead in drinking water contributed to by the addition of fluorides: The Chair's decision is to decline and refer petitioner to the Department's rule making around lead and copper rule under delegation from the Board.
- Concerning consumer notification that mother's milk is recommended for infants and that when formula is used it be reconstituted with low-fluoride water: The Chair will consult with the EH Committee and respond after the November 10 meeting.
- Concerning adding an intent clause to the Board's rule: The Chair will be consulting with the EH Committee.

In a related matter, Mr. McLaughlin said the State Supreme Court has ruled on a decision by the City of Port Angeles not to allow a referendum on water fluoridation. The City's decision was upheld by a 5-4 vote of the Court because the fluoridation decision was administrative in nature and not subject to referendum. The Court's opinions repeatedly attributed Board authority and rules to the Department. He said an advocate intends to send a letter to the Court requesting correction of the references to Department authority. A copy of the Court decision is available on request.

Mr. McLaughlin described the impact to health programs of the Governor's most recent across-the-board 6.3% budget cuts for the rest of this fiscal year. The Department has not asked the Board to cut anything else for this year to meet this requirement. In response to an expected need for a 10% cut in the 2011-2013 budget, he proposes extending the suspension of the Board's staff position for health impact reviews.

He was happy to report the Governor's Interagency Council on Health Disparities has received a second three-year federal grant to continue its outreach work. This one is for \$140,000 per year for three years. This is critical in terms of the Board functioning at current levels despite cuts because staff time and other expenses are charged to the grant.

He summarized proposed legislation submitted to the Office of Financial Management (OFM) intended to clarify and update the Board's statutory authority. He expressed appreciation to OFM for granting an exemption to the Board from part of the travel reimbursement freeze for the October and November meetings. He noted there are conditions in the exemption. He noted the new travel reimbursement system. He said Desiree is available to answer Board member questions about filling out the new travel forms. He pointed out a proposed 2011 Board and Health Disparities Council meeting schedule for 2011.

He reviewed rule making activities, including signing CR-102s (notices of proposed rule makings) in anticipation of November hearings for immunization requirements, notifiable conditions, and zoonotic disease prevention and control. He said staff is working with the Department for a possible CR-101 to propose adding severe combined immunodeficiency disease (SCID), also known as bubble-boy disease, to the list of newborn screening disorders.

He mentioned the Board's roll in reviewing nominations for the Warren Featherstone Reid award. The 2010 recipients are the Harborview Medical Center's satellite clinics for HIV/AIDS and Dr. Beth Harvey. He also pointed out a recent Newsweek article about school health hazards, which mentions concerns with Cle Elum schools.

4. DEPARTMENT OF HEALTH UPDATE

Bill White, Deputy Secretary of Health & SBOH Member, reported smoking rates are continuing to drop. He reported on an anti-smoking media campaign just finished up in Eastern Washington and moving to King County made possible by federal American Recovery and Investment Act funds. The campaign won the grand prize for advertising from the Radio Mercury Awards. He reminded everyone it is time to get a flu shot. He said general immunization rates are improving in the state. He reported that the Public Health Laboratory recently passed its national accreditation inspection and its construction project is ongoing. He commented on his confidence in Gregg Grunenfelder replacing him as Deputy Secretary in November. He said Mr. Grunenfelder would probably represent the Secretary at Board meetings that focused on environmental health issues.

He said repeated waves of budget reductions have caused pain throughout the Department. Even though the economy appears to be starting to recover, he predicted it would be 3-5 years before state government funding recovers. The recession has caused reassessment of priorities, or core programs. He noted that compared with the Department of Social and Health Services, the budget cuts to his agency are light. Craig McLaughlin predicted many of the optional health service programs provided by the State would be in jeopardy during the coming legislative session due to the continuing budget crisis and said he will keep Board members informed about developments.

5. BOARD MEMBER COMMENTS AND CONCERNS

Keith Higman, SBOH Chair, noted that his local health agency has suffered staff cuts of 37%. He expressed pessimism about public health's ability to rebuild after the recession. Diana T. Yu, SBOH Member, asked when the cuts to public health services might reach a point of presenting a health hazard for the public. She wants the Board to ponder this question. Karen VanDusen, SBOH Member, said there are certain public health activities that only government can do. She would like to hold public forums as soon as the budget cuts will allow and ask the community about the risks they see from the cuts. The Honorable John Austin, SBOH Vice Chair, expressed concern about the long-term impact of the lack of public health services to mothers and children. Frankie Manning, SBOH Member, noted that history seems to repeat itself. She mentioned public health suffered cuts about 30-40 years ago. She is dismayed that it is so hard to get the public to understand the need for public health. Member Yu said what is needed is for the public to understand the need to protect themselves and their neighbors. Patricia Ortiz, SBOH Member, commented she thinks public health has already been cut to the point where we are seeing an impact to health. The Honorable Donna Wright, SBOH Member, said she sees promise in the Healthy Communities program.

6. BRIEFING ON NOTIFIABLE CONDITIONS (CHAPTER 246-101 WAC)

Diana T. Yu, SBOH Member, introduced Tony Marfin, State Epidemiologist for Communicable Diseases at the Department of Health, and Tara Wolff, Board Staff. She also pointed out in the audience Tracy Sandifer and Pam Lovinger, Department of Health employees who worked hard on the rule revision proposal. Member Yu explained that rule needed updating to reflect new technologies, changes in guidelines, and the emergence of new conditions. Dr. Marfin said better reporting of illnesses of public health significance is needed from all sectors. He gave a presentation on reasons for the notifiable condition rule update and the scope of the rule revision (refer to Tab 6). He mentioned a correction on the slide titled “Veterinarians.” The Department of Health and Washington State Department of Agriculture do not have an official Memo of Understanding (MOU) to report animal cases to public health, but there is an informal agreement to share information between the two agencies.

Mel Tonasket, SBOH Member, commented he did not hear anything in the presentation about reporting by Indian Health Services or tribal health care facilities, or their participating in the advisory panel. Dr. Marfin said he had high regards for the Indian Health Services’ electronic reporting system. He said tribal health care facilities were not specifically included because of tribal sovereignty issues. Member Yu said disease reporting is commonly handled by the tribes through their relationships with local public health. Ms. Sandifer said a consumer representative who is affiliated with tribes was on the advisory panel. Member Wright asked whether the Department had prepared an economic impact analysis of the rule proposal, especially how it would affect local health. Ms. Wolff said a significant analysis had been prepared and would be provided to the Board at its November hearing. Member VanDusen asked if the provision regarding release of case information for Institutional Review Board (IRB)-approved research was new. Dr. Marfin said it was added to the rule for clarification. She also asked whether the Department had been hearing concerns about the rule proposal. Ms. Wolff and Member Yu said some laboratories have concerns about additional information that would have to be reported under the rule proposal. Member Yu explained that a step-wise provision for reporting the additional information was built into the rule to make the implementation deadline reasonable and easier for labs. Dr. Marfin said the only other concerns he expects to hear about is related to changes in the timeframes for reporting specific conditions. Member Yu said there also might be concerns from local health agencies about the impact on their disease investigation duties, such as for hepatitis B and C, because of budget cuts. She explained that these concerns may be addressed to a degree by having minimum guidelines for disease investigation and reporting in place. Mr. McLaughlin said staff was working on edits to language pertaining to the reporting relationship between the Department of Health and Department of Agriculture. Member Manning asked how federal health agencies are covered by the rule. Member Yu and Dr. Marfin said federal facilities have relationships with local health agencies and have been very cooperative.

7. BRIEFING ON REQUIREMENTS BASED ON NATIONAL IMMUNIZATION GUIDELINES (WAC 246-105-040)

Dr. Ortiz, introduced this agenda item and asked Ms. Wolff to provide additional details. Ms. Wolff reminded the Board that today’s briefing is in preparation for a November hearing. She explained that this revision is intended to update the rule to reference the 2010 national immunization guidelines. The Advisory Committee on Immunization Practices (ACIP) recommendations are used to establish ages and intervals for the vaccines against preventable disease listed in the rule. Jana Bardi, Manager of the Immunization and Child Profile Program at Department of Health, said the proposal is intended to go into effect before the 2011-2012 school year. She explained the main

change is the spacing between doses of polio vaccine. This change will result in better protection against polio for children. She pointed out none of the vaccines in the rule contain thimerosal.

Member Ortiz said that all practitioners in Washington follow the latest ACIP schedule recommendations. Member VanDusen asked for clarification about the effective date. Ms. Wolff explained the proposal intends to change WAC 246-105-040(1)(b) to indicate an effective date of July 1, 2011. Member Yu asked how it was determined whether an ACIP schedule change was important enough to require a rule change. Ms. Wolff explained that staff generally consulted with the board sponsor, Department of Health, Department of Early Learning, and the Office of Superintendent of Public Instruction to make this determination.

8. BRIEFING ON THE HEALTHY COMMUNITIES WASHINGTON INITIATIVE

Member Yu introduced Sue Grinnell, Director of Community Wellness and Prevention at Department of Health. Ms. Wolff called the Board's attention to Member Yu's cover memo and the connection between this work and the Board's strategic plan strategy 4.1.1.1. Ms. Grinnell gave a presentation on the Healthy Communities Washington (HCW) initiative including its goals, focus areas, and outcomes (refer to Tab 8). She explained the goal was to have a program in every county of the state addressing prevention of chronic disease by 2013. The Department funded and worked with five counties the first year of the initiative, and has added another seven counties this year.

Mr. McLaughlin said he was enthusiastic about this initiative. It fits well with the Board strategic plan activity to disseminate and promote the CDC's recommended community strategies and measurements to prevent obesity. He noted that it is important for all agencies working in this arena to have consistent messaging and to align activities. He said the Board can build on its long standing relationships with local boards of health to help disseminate the CDC strategies and measurements. He mentioned a possible fit with other efforts to create development opportunities for local boards.

Member Tonasket said he comes from a poor community and has seen a lot of suffering including depression. He does not think anything will change until the more basic needs of common people are met. Behaviors that cause chronic disease will not change for many people until they can realistically have a more optimistic outlook on life.

Member Yu said it is important for local boards of health to understand the value of chronic disease prevention so they can balance supporting it against other priorities. She mentioned another partner in this goal: the Washington Health Foundation. Ms. Grinnell said the Washington Health Foundation has been facilitating the Department's efforts concerning partnership development. She also noted that while public health does not have control over education, transportation, and housing, it could provide a constructive framework to help address these issues. Maria Hernandez-Peck, SBOH Member, suggested engaging the Area Agencies on Aging in the HCW initiative. Member VanDusen asked whether the walking school bus program fits into this strategy. Ms. Grinnell said the walking school bus program could be a good fit for HCW. She said the HCW initiative is working with the Area Agencies on Aging.

9. PUBLIC TESTIMONY

Audrey Adams, Washington Action for Safe Water, said she has an autistic son who is extremely sensitive to fluoride. She said she also has a daughter who has suffered from obesity since age nine and who was recently diagnosed with hypothyroidism. She said, coincidentally, fluoride is one thing that was used in past years to help reduce hyperthyroidism. She thinks fluoride in her water might

have contributed to her daughter's obesity. She said that there is data showing obesity is higher in communities with fluoridated water. She expressed concern the Board did not have petitions #2 and #3 from Washington Action for Safe Water on its agenda today and hopes the Board would consider them. She asked the Board to consider that additive sources of fluoride for determining how much fluoride should be added to water.

William Osmunson, DDS, Washington Action for Safe Water, said the Boards of Pharmacy in Washington and Idaho have given him time to present information and asks that this Board give him time for an in-depth presentation on water fluoridation. He asked the Board to hold public forums on water fluoridation. He showed a graph indicating that tooth decay rates have dropped in all developed countries in the past 30 years whether or not they have fluoridated water supplies. He showed another graph indicating the percentage of the population of each state getting fluoridated water compared with results of a national survey of the condition of childrens' teeth. There are varying results not explained by water fluoridation. He said this data does not show a correspondence between drinking fluoridated water and good oral health. He said labeling on toothpaste tubes warns against swallowing a pea-sized amount of toothpaste, the same amount of fluoride in a glass of fluoridated water. He said we are exposed to many sources of fluoride now that we were not when water fluoridation first started, such as fluoridated toothpaste and dental applications. He stated a new source of exposure to fluoride is the increasing use of post harvest fumigants on many foods. He would like to give the Board more information potentially to affect its policy. He suggested the Board put the burden on the Food and Drug Administration (FDA) to sort out the extensive amount of information because fluoride is a drug.

Scott Kennedy, MD, Chief Medical Officer of Olympic Medical Center, asked the Board to "stay the course" with community water fluoridation. He said he has seen the devastating impact of abscessed teeth, which is more common in those without good health insurance. He said all major public health and medical organizations still recommend community water fluoridation. He said the overwhelming evidence from 65 years of experience with community water fluoridation and research is that it is safe and effective.

Member Tonasket asked Dr. Kennedy about testimony the Board has received in the past about individuals having severe reactions to fluoride. Dr. Kennedy said he has never seen such conditions in his medical career or heard of such conditions from pediatricians he works with.

10. BOARD MEMBER RECOGNITION

Mr. McLaughlin and all Board members expressed appreciation for the opportunity to work with Bill White and wished him a happy retirement. They commented on his pragmatism, humor, and ability to cut to the chase.

ADJOURNMENT

Keith Higman, SBOH Chair, adjourned the meeting at 4:04 p.m.

WASHINGTON STATE BOARD OF HEALTH

Keith Higman, Chair